

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522887

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14	1		1			
15	1		1			
16		2		1		
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23		2		1		
24		2		1		
25		2		1		
26		2		1		
27	1		1			
28		1		1		
29	1		1			
30		1		1		
31		1		1		
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36		1		1		
37		1		1		
38		1		1		
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40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1	1			
46		1	1			
47		2		1		
48		2		1		
49		2		1		
50		2		1		
TOTAL IND.	5					
TOTAL DEP.	77					
TOTAL CLAIMS	82					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
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96						
97						
98						
99						
100						
TOTAL IND.				7		
TOTAL DEP.				47		
TOTAL CLAIMS				54		

DC